

Digest

SPRING 2008

National Provider Identifier

The National Provider Identifier (NPI) is a 10-digit unique standard identification number for health care providers that must be used with standard HIPAA transactions when a provider identifier is required. The NPI must be used regardless of the health care carrier involved. All health care providers who transmit health information electronically in connection with HIPAA-covered transactions began using it on May 23, 2007.

Previous communications from Doral Dental required the above mandatory effective date. However, a subsequent CMS communication allowed a 12 month contingency plan to allow payers additional time to obtain their necessary NPI numbers. The required date for NPI submission, enforceable by CMS, is May 23, 2008. Please note: This does not mean you can wait until May 23, 2008 to obtain and submit your NPI information. This is the final date when all claims must be submitted utilizing NPI.

Although Doral had been previously

accepting NPI on electronic and paper claim transactions prior to this date, effective April 1, 2008, Doral began to require NPI on all transactions. As of April 1st, claims will be denied if NPI is not used to identify the servicing and billing provider on electronic and paper claims. Your NPI will also be required when calling Doral and utilizing the Interactive Voice Response (IVR) system. The IVR can be used to verify eligibility, claim history, among other things.

Doral encourages providers to use the 2006 ADA form. Effective April 1st, providers should enter the NPI in the same field numbers (fields 49 for billing NPI and 54 for treating provider NPI).

Thank you for your participation in the Doral network, and for your commitment to our members. If you need further assistance, please contact Doral at 800.341.8478.

Doral[®]
A DentaQuest Company

IN THIS ISSUE

National Provider Identifier	1
Important Information for Prescribing Dentists	2
Dental Director's Corner	2
Non-Incentives for Consultants	3
Appointment Standards	3
Payer of Last Resort	4
Eligibility Verification	5
Reduce No-Shows	5
Are Your Patients Afraid of You?	6
Idaho Smiles	7
Online ORM	7



Important Information for Prescribing Dentists

Effective April 1, 2008, all non-electronic prescriptions for beneficiaries cannot be filled at a pharmacy unless written on a tamper resistant prescription pad or unless the prescription is subject to one of the limited exceptions.

This requirement is the result of a recent federal law/mandate intended to reduce Medicare and Medicaid fraud and abuse. (Section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act of 2007)

Exceptions - The following will not be subject to the tamper resistant prescription pad requirement:

- Refills of written prescriptions presented at a pharmacy before April 1, 2008
- Prescriptions sent to the pharmacy electronically (either by e-prescribe or by fax)
- Prescriptions communicated to the pharmacy by telephone
- Drugs administered in nursing facilities, ICFMRs, and other institutional and clinical settings

If you are not already using a tamper resistant prescription pad, contact your supplier of prescription pads and order a supply of tamper resistant pads for use April 1, 2008 and after:

For more information regarding these guidelines, go to: <http://www.cms.hhs.gov/DeficitReductionAct/Downloads/tamperapril.pdf>."

Dental Director's Corner

by Dr. James Thommes, Senior Dental Director

Welcome to the Dental Director's Corner. We will use this forum to share our views and ideas regarding a number of issues including, but not limited to, use of CDT codes, record keeping, and appropriateness of care and definitions of treatment. It is this last category that I wish to discuss in this issue.

The preventive resin restoration (PRR) or the conservative resin restoration (CRR) allows us as clinicians to violate G.V. Black's basic operative tenets of "extension for prevention". The key factor in PRR/CRR is the minimal removal of tooth structure and restoration with a composite/resin material. My main point of discussion, for our purposes, is the billing of a PRR/CRR as code D2391, a one surface composite restoration. According to the CDT-2007 code language, code D2391 is defined as "Resin-Based Composite---One Surface, Posterior; used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure". It is obvious from this definition that a PRR/CRR cannot qualify for code D2391 since they are preventive in nature and do not usually involve the dentin level. A PRR/CRR is more correctly coded as D1351, "Sealant---Per Tooth, mechanically and/or chemically prepared enamel surface sealed to prevent decay." In this case we would consider the use of code D2391 as upcoding and misuse of the code.

The problem we have is in the adjudication of code D2391. This procedure, correctly, is not subject to authorization. However, it is

Dental Director's Corner continued

subject to post-treatment utilization review. We use a variety of methods to help us identify potential abuse/misuse of code D2391. We have the ability to compare rates per 100 patients within the same peer group in a geographical area, ratio of billed code D2391 to D1351, as well as treatment patterns involving teeth and surfaces and standard deviations. When aberrant numbers occur or patterns develop, this indicates the potential for post-treatment utilization review. Utilization review may result in an audit of patient records with findings that may include recoupment of fees, further audits, and sanctions including removal from the network, or in the case of fraud, contact with plan, state and/or federal agencies for further investigation.

It is the goal of Doral to accurately adjudicate claims using federal and state funds appropriately. It is imperative that we consistently and effectively assure and take measures to attain this goal. In this vein, it is also imperative that our participating doctors appropriately bill for services rendered.

Thank you for your time and we welcome your response to our positions.

Non-Incentives for Consultants

Doral guides its internal operations by a strict adherence to a policy that prohibits interference with the clinical decisions of its Dental Directors and Benefit Examiners driven by any kind of financial incentives or any other encouragement. The Dental Directors and Benefit Examiners' purpose is to ensure that each member's benefit is considered individually according to established practice guidelines.

Appointment Standards

In order to better serve your patients and our Members, please note as a reminder that there are access to care standards, which are also outlined in your contract. It is important that appointments are offered in a timely manner for routine/initial, urgent and emergent care. These standards are typically state requirements and are audited by Doral and our clients.

In addition, Doral requires that Providers ensure twenty-four hour coverage which can include, but is not limited to, the following:

- Answering service that gives the member a timeframe to expect a call back from the provider;
- Answering machine that gives the



Appointment Standards continued

member a timeframe to expect a call back or includes a page/telephone number where provider can be reached for emergencies.

These helpful tips will be appreciated by your patients and will help ensure that your contractual obligations are met.

Please remember to comply with our audit/survey. This allows Doral to monitor the success of our Providers and monitor practices that are not within the established standards. If care cannot be met in the time specified, then alternative appointments can be made for Members. If your office is having difficulty reaching these standards, please inform Doral.

The Payer of Last Resort

Occasionally offices will encounter a situation in which a member has additional insurance coverage. The reasons for this can vary widely. As a contracted provider with the Medicaid program there are some key policies that you must be aware of. If a member has benefits under another insurance policy, Medicaid is the “Payer of Last Resort” and the other insurance the primary carrier.

What this means is that any other insurance must be billed prior to Medicaid. If the amount paid by the primary insurance is more than the rates listed in the Office Reference Manual or Provider Contract no additional payment will be made by Doral.

If you think Medicaid will pay an amount over the primary insurance payment, you can send a claim to Doral for consideration once payment is received from the primary insurance. A copy of the primary insurance explanation of benefits must be attached to the claim. Doral will review the claim and consider whether additional payment is due.

If you have additional questions about how to coordinate benefits for multiple insurances, please contact Doral using the toll free number indicated in your Office Reference Manual.

Eligibility Verification

To ensure your office does not receive a denied claim due to an ineligible member, it is extremely important the dental office staff verify eligibility on the date of service. Just because an individual possesses a Medicaid card does not necessarily indicate they are still eligible. For that reason, please feel free to confirm the members' eligibility via Doral's website at www.doralusa.com or utilize our Integrated Voice Response line (IVR) using the toll free number indicated in your Office Reference Manual. Doral recommends utilizing the website since it is free of charge; and a hard copy eligibility document may be printed and saved in the member's dental record. If an individual is not eligible on the date of service, inform them that they would be responsible for any payment for service rendered.

What Can You Do To Reduce No-Shows?

No-show rates certainly can adversely affect your productivity. To reduce the no-show rate, first figure out why your practice may attract so many disrespectful patients. A dentist and staff may unintentionally give patients “permission” to cancel at the last minute or not show up at all. To prevent this from occurring determine if your office is sending the wrong message to patients. The following list is examples of what may do this:

- Long in-office wait times indicate the dentist does not respect patients’ time.
- A schedule that sets appointments far in advance may cause the patient to go elsewhere.
- The office may not follow up with patients that miss appointments.
- Frequent last minute cancellations of appointments by the dental office.

To control and reduce no-shows, the office must develop a reasonable strategy. Here are some suggestions:

- Mail appointment reminders.
- Make reminder phone calls 48-72 hours in advance of an appointment.
- Adjust the office hours to best accommodate your patient population.
- Study your walk-in and emergency appointment requests to try matching the demand with your anticipated no-show rate.
- Consider open access scheduling. Open access scheduling is a patient friendly system that allows the patient to schedule an appointment with the provider in a timely manner. Appointments are scheduled within days of the appointment request at a time that is convenient for both the patient and the provider. This differs from the general way appointments are scheduled, which is usually at the time of the current visit.
- Establish a policy for all repeat no-shows. Provide a written copy of the policy to patients and keep a signed copy in the patient record. Post the policy in the waiting room or registration area.

- Use key phrases in your written policy to educate members about what result missed appointments may cause. “The provider has a right to dismiss patients from his/her practice for repeated missed appointments”.

This may appear to be a lot of work. However, consider how much no-shows cost your practice. Just one missed appointment per day, per four-day workweek, per 48 weeks per year results in 192 no-shows. Multiply the number by the average per-patient revenue and it’s easy to justify the extra effort. The impact on your annual revenue can be significant.



Are Your Patients Afraid of You?

As we know, many people fear the dentist. Even though a patient appears calm, he or she is at least nervous and possibly panic-stricken about what is about to occur (even if it is a routine cleaning).

Below are some ideas to reduce patients' fear of the dentist:

- Developing a positive relationship with your patients will go a long way to encourage routine oral care and repeat visits. In your first meeting, jot down notes about family or other personal information. Bring these up the next time you meet; ask how the children or pet is – your patient will be impressed that you remember and will begin to think of the visits as a partnership.
- Establish the trust of your patient by explaining planned treatment, and asking if there are questions or worries regarding the appointment. Then, explain what you are doing each step of the way.
- If you sense that your patient has any anxiety try to talk it through. Then, encourage the patient to relax, breathe slowly in and out and think about a favorite place or activity. Quiet music and pictures on your ceiling may help.
- For many patients fear is related to pain. Talk with your patient honestly about what pain may occur with the procedure and what you will be doing to minimize that pain. Then, during procedures, express concern for and take seriously the “pain” your patient states he or she is feeling. Take appropriate steps to ensure your patient is feeling no pain and to explain other sensations that might be felt (pressure, etc.).
- Being tipped back in the chair, in itself, causes a sense of loss of control. When tipping a patient back, allow a little time to acclimate to the

surroundings from this new vantage point. After taking a moment to get comfortable, your patient will be more ready to listen, ask questions, and understand the treatment about to be rendered.

- Do not appear impatient. Time taken to reassure a patient can go a long way toward having an efficient, productive appointment.
- Children may need a little extra time to acclimate to the dentist's office. Make every attempt to make initial visits “fun”. Talk to young patients about how you are going to count their teeth and make them clean and healthy. Have fun props like stuffed animals available. Encourage children to brush and floss the animal's teeth and hug it during the procedure so they feel a part of what you are doing rather than a “victim”.
- Under no circumstances should you say to a child, “You are not feeling anything”, or “It will just be a few more minutes.” The child will lose any trust with you and the situation may deteriorate into an emotional issue or a true behavior management incident, compromising valuable treatment time and creating a negative attitude toward future appointments.
- Even though you may be behind schedule, act cheerful, relaxed and eager to serve your patient. Ultimately, time is saved.

Being afraid of the dentist can come from well-intentioned parents reassuring their child by using scary language and conveying their own dental fears. It also comes from having tooth pain due to poor diet and lack of good oral hygiene. Finally, it comes from dentists who have not taken the time to reassure a patient that he/she will receive the best, most gentle care possible.

IDAHO SMILES -

A New Program Begins under Doral's Administration

Doral, partnering with Blue Cross of Idaho, was awarded the State of Idaho contract to administer the dental insurance benefits to low-income and working age adults enrolled in Medicaid's Basic and Pregnant Women Programs. The new program began September 1, 2007, and is known as Idaho Smiles.

At program inception, Doral was able to increase the child fee schedule an average of 7.7% and the adult fee schedule 3.9% using a portion of the administrative dollar allotment from the State of Idaho Department of Health and Welfare and through system efficiencies Doral brings to the program.

Under the Idaho Smiles program, over 124,000 members currently have access to dental care. The dental coverage includes preventive and restorative services for children and adults and orthodontic coverage for children. Of these participants approximately eighty-six percent (86%) are children and fourteen percent (14%) adults.

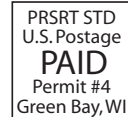
There are over 535 active participating providers in Idaho Smiles, an increase of twelve percent (12%) above the numbers previously participating in Idaho Medicaid. Overall, ninety-nine percent (99%) of these members have access to at least one (1) general or pediatric dentist within thirty (30) miles. All have access within sixty (60) miles. This success can be attributed to the willingness of the Idaho contracted providers to accept these patients into their practices, providing quality care to these members.

Executive Director, NaDene Palmer, and Provider Relations Representative, Noah Lehman, staff Idaho Smiles and are located in Boise. They oversee the program administration and are available to answer questions at any time. NaDene can be reached by calling 208.286.3517. Providers may contact Noah at 208.286.3516. Customer service is also available by calling 800.936.0978 between 8:00 a.m. to 5:30 p.m. MST.

Online ORM

Need to access our electronic Office Reference Manual? You can find it on www.doralusa.com! Once you are logged in and at the main menu, click on "View Documents." You can view the Online ORM by clicking on "Provider Information."





CONTACT INFORMATION

Doral Customer Service

800.341.8478

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility, and History
- Press 3 for Claims and Payment Questions
- Press 7 for Provider Web Questions

Via Email

Electronic Technical Support • eclaims@doralusa.com

Claims Payment Questions • denclaims@doralusa.com

Eligibility or Benefit Question • denelig.benefits@doralusa.com

Utilization Review • ddusa_um@doralusa.com

Provider Access to Web Portal & Other Features

www.doralusa.com/Providers.aspx

www.doralusa.com